



SOUTH DAKOTA BOARD OF NURSING  
SOUTH DAKOTA DEPARTMENT OF HEALTH  
4305 South Louise Avenue Suite 201 ♦ Sioux Falls SD 57106-3115  
(605) 362-2760 ♦ Fax: (605) 362-2768

### INACTIVATION REQUEST

- ☐ REGISTERED NURSE  
☐ LICENSED PRACTICAL NURSE

I hereby request that my South Dakota Nursing license # \_\_\_\_\_  
be placed on inactive status.

I have enclosed the \$10 Inactivation Fee with this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Verification of License Inactivation  
will be mailed to you at the address currently  
on file at South Dakota Board of Nursing.*

Please note that to inactivate an Advanced Practice Nursing license,  
you must submit a separate APN Inactivation Request Form and \$10 Fee.